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Leroy M. Toliver 9
FROM PAGES (WITH COVER)
5989 52224/294510
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COMMENTS

Applicant: KLINKER et al.
Title: System and Method to Assure Network Service Levels
with Intelligent Routing
Serial No./Docket No.: 09/633,219
Filed: April 10, 2001

PAPERS SUBMITTED:

1. PTO Transmittal, PTO/SB/21
2. Resubmission of Change of Correspondence Address Application
(Original Change of Correspondence Address Application attached, and
Assignment from inventors to netMG, Inc.)

Date: October 5, 2005
By: Leroy M. Toliver, Reg. No. 50,409

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 8 Attorney Docket Number 52224/294510

Application Number 09/833,210

Filing Date April 10, 2001

First Named Inventor Klinker

Art Unit 2662

Examiner Name Saba Tsegaye

ENCLOSURES (check all that apply)

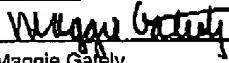
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1) Resubmission of Change of Correspondence Address Application
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Kilpatrick Stockton LLP		
Signature			
Printed Name	Leroy M. Toliver		
Date	October 5, 2005	Reg. No.	50,409

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Typed or printed name	Maggie Gately
Date	October 5, 2005

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PTO/SB/21 (02-04)

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FORM

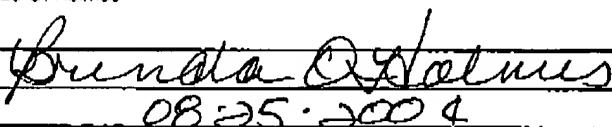
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		Application Number	09/833,219
		Filing Date	April 10, 2001
		First Named Inventor	Eric Klinker
		Art Unit	2662
		Examiner Name	Tsegaye, Saba
Total Number of Pages in This Submission		Attorney Docket Number	52224/294510

ENCLOSURES (Check all that apply)

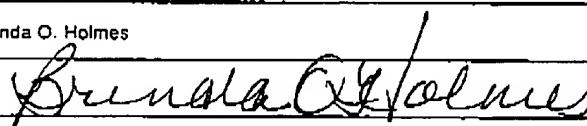
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) PTO/SB/122 &
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2) PTO/SB/96
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brenda O. Holmes	
Signature		
Date	08/25/2004	

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Date	08/25/2004	

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